

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L96294 (8)**  
 1. Corporation Name  
**CITIFACTORS FINANCIAL GROUP, INC.**



Principal Place of Business <b>100 W. KENNEDY BLVD</b> <b>#650</b> <b>TAMPA FL 33602</b> <b>US</b>	Mailing Address <b>100 W KENNEDY BLVD</b> <b>#650</b> <b>TAMPA FL 33602</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/20/1990**

2. Principal Place of Business <b>21 100 W. KENNEDY BLVD.</b> Suite, Apt. #, etc. <b>22 SUITE 200</b> City & State <b>23 TAMPA, FL</b> Zip <b>24 33602</b>	2a. Mailing Address <b>26 P. O. BOX 24475</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 TAMPA, FL</b> Zip <b>29 33623-4475</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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4. FEI Number  
**59-3104647** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LANE, CHARLES C.**  
**100 S ASHLEY DR**  
**SUITE 1700**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOWEN, KRISTINE A.</b>	
STREET ADDRESS	<b>13619 LYTON WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, JAMIE M.</b>	
STREET ADDRESS	<b>4805 PEARL AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KEVIN R. GOWEN, SR.</b>	
1.3 STREET ADDRESS	<b>13619 LYTON WAY</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
2.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KRISTINE A. GOWEN</b>	
2.3 STREET ADDRESS	<b>13619 LYTON WAY</b>	
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **KEVIN R. GOWEN, Sr.** 1/30/98 272-7892

CR2E034 (10/97)